

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N02000000957**

1. Entity Name  
GREAT DANE RESCUE OF SOUTH FLORIDA, INC.



Principal Place of Business  
1064 PINE BRANCH DR.  
WESTON, FL 33326

Mailing Address  
1064 PINE BRANCH DR.  
WESTON, FL 33326



01202005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
93-1960798

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SIMMONS, TINA  
1064 PINE BRANCH DR.  
WESTON, FL 33326

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tina A. Simmons*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

*1/20/05*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000195638  
01/26/05-80036-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SIMMONS, TINA  
STREET ADDRESS 1064 PINE BRANCH DR.  
CITY-ST-ZIP WESTON, FL 33326

TITLE VD  
NAME KNOWLES, ANNA  
STREET ADDRESS 15212 98 TRAIL  
CITY-ST-ZIP JUPITER, FL 33478

TITLE SD  
NAME CAMARGO, CHRISTINA  
STREET ADDRESS 2014 SW 133 CT.  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Tina A. Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/05*

DATE

*(954) 389-5389*

Daytime Phone #